

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

62920

## CERTIFICATE OF DEATH

Reg. Dist. No. 51

### 1. PLACE OF DEATH:

County Calvert

City or town Paris  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Md County Calvert

City or town Paris  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Mary Ida Gross

### 3. (b) Social Security Number

4. Sex

F

5. Color or race

E

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 1933

6. (c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

It less than one day

14 10

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

Md Gross

13. Birthplace

Md  
Frederick

14. Maiden name

Md

15. Birthplace

Md

16. Informant

Address

Joe Gross  
Paris Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

3-11-48  
(month) (day) (year)

Cemetery or crematory

Brown's  
Calvert Co., Md

Location

18. Funeral director

Address

P. E. Seewer  
Pr. Fred., Md.

19.

3-10 1948  
(Date rec'd by registrar)

H. W. Evans  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1948 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/9 1948 to 3/9 1948  
and that I last saw him alive on 3/9 1948

Immediate cause of death

Bulbar Aneurysm  
Polio myelitis

DURATION

30 hrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

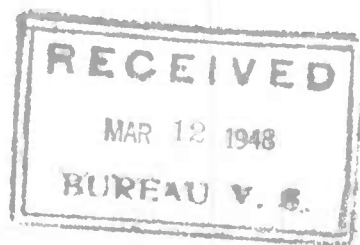
H. W. Evans M. D. or other  
Owings Md  
Address \_\_\_\_\_ Date signed 3/10/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02581

131a

## CERTIFICATE OF DEATH

Reg. Dist. No. 57

## 1. PLACE OF DEATH:

County CalvertCity or town Prince Frederick  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County CalvertCity or town Prince Frederick  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)2.(a) If veteran, name war. 2nd

## 3. (a) FULL NAME

Nellie Elizabeth Sedwick

## 3. (b) Social Security Number

no

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

## MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25, 1948 at 7:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to March 25, 1948 and that I last saw him alive on March 25, 1948

Immediate cause of death

DURATION

Coronary occlusionDue to Hypertension of heartDue to Hypertension of v. d.Other conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. \_\_\_\_\_

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE

M. D. or other

Address St. Remond Date signed 3/25/48

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1891

8. AGE:

Years

Months

Days

If less than one day

57714

hrs.

min.

9. Birthplace Prince Frederick, Calvert Co., Md.  
(Town, county, and state)10. Usual occupation Home

11. Industry or business

12. Name Rev. John Cook Sedwick13. Birthplace Calvert Co., Md.14. Maiden name Matthie Hopkins Johnson15. Birthplace Franklin, West Va16. Informant Miss Louise SedwickAddress Prince Frederick, Md17. Burial Date thereof Mar. 27, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Private lot (Sedwick)Location Port Republic, Md18. Funeral director A. D. Harkness & SonAddress Mutual, Ind.19. 3-26 19 48 H. W. Ward  
(Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 1 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 02580 52

### 1. PLACE OF DEATH:

County Calvert Co  
City or town Chesapeake Beach  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 43 yrs  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Calvert  
City or town Chesapeake Beach  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Charles John Long  
4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced

### 3. (b) Social Security Number

6.(b) Name of husband or wife Marion Knight

7. Birth date of deceased (mo., day, yr.) Dec 29 1869 8.(c) If alive, give age years

8. AGE: Years 78 Months 2 Days 2 If less than one day hrs. min.

9. Birthplace Washington D. C.  
(Town, county, and state)

10. Usual occupation Railway

11. Industry or business

12. Name Charles Strickhart

13. Birthplace Hannover, Germany

14. Maiden name Wilhelmine S. Smith

15. Birthplace Germany

16. Informant Mrs John P King

Address Chesapeake Beach

17. (Burial, cremation, or removal. Which?) Burial Date thereof Mar 4 1948  
(month) (day) (year)

Cemetery or crematory St. F. Herman Cem.

Location Mt. Vernon, for owner

18. Funeral director W. H. Hutchinson

Address Owings Ind

19. (Date rec'd by registrar) Mar 3 1948 Registrar Grace S. Hutchins

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1948 at 9:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1948 to March 1948 and that I last saw him alive on March 1948

Immediate cause of death

Coronary Thrombosis

Due to

Generalized Atherosclerosis - Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Villanueva M. D. or other

Address St. Bernard Date signed March 3/48

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1947  
78  
65

RECEIVED

MAR 11 1948

BUREAU V. S.

*Mr. J. Edgar Hoover  
Director  
U. S. Department of Justice  
Washington, D. C.  
March 11, 1948  
Dear Mr. Hoover:  
Enclosed for the Bureau  
are 10 copies of the  
report of the  
Commissioner of the  
Federal Bureau of Investigation  
dated March 10, 1948.  
Very truly yours,  
J. H. [illegible]  
[illegible]*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 53

## 1. PLACE OF DEATH:

County... CalvertCity or town... Dunkirk  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Mrs Lydia Sherbert

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

Wh.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Stanley Sherbert

7. Birth date of deceased (mo., day, yr.)

1948

6. (c) If alive, give age... years

8. AGE:

Years

Months

Days

If less than one day

68

hrs.

min.

9. Birthplace

Chesapeake, Md.  
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

James Gibson

13. Birthplace

Md.

MOTHER

14. Maiden name

Jessie Gibson

15. Birthplace

Md.

16. Informant

Stanley Sherbert

Address

Dunkirk, Md.

17.

(Burial, cremation, or removal. Where?)

Date thereof

3/8/48  
(month) (day) (year)

Cemetery or crematory

Calvary

Location

Huntington Md

18. Funeral director

Mr. J. H. Hutchins

Address

Principals Md

19.

(Date rec'd by registrar)

19

48 Gene R. Hutchins  
Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

State

Md

County

Calvert

City or town

Dunkirk  
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar 6

19

48, at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

10

19

and that I last saw h

alive on

19

Immediate cause of death

Diabetic Coma

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Page J. S. J.  
Gene R. Hutchins

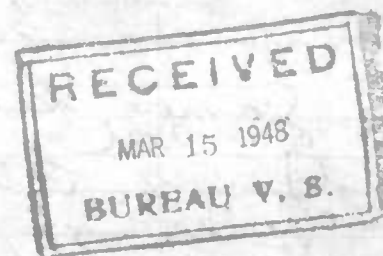
M. D. or other

Date signed 3/8/48



UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02583

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County..... CalvertCity or town..... Adelina  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Worthy <sup>LANE</sup> Brooks Willett.

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife.....

8. (c) If alive, give age ..... years

7. Birth date of

deceased (mo., day, yr.)

July 23 - 47

8. AGE:

Years

Months

Days

If less than one day

81

hrs.

min.

9. Birthplace.....

md

(Town, county, and state)

10. Usual occupation.....

11. Industry or business

FATHER

12. Name.....

Samuel Brooks.

13. Birthplace

md

MOTHER

14. Maiden name.....

Jean Brooks.

15. Birthplace

md.

16. Informant.....

Address

Jean Brooks  
Adelina md

17.

(Burial, cremation, or removal, Which?)

Date thereof

3-24-48  
(month) (day) (year)

Cemetery or crematory.....

Carroll's

Location

Calvert

18. Funeral director.....

Address

P. E. SewellPrince Frederick, md

19.

(Date rec'd by registrar)

3-2419-48

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Calvert

City or town.....

Adelina

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....

3-24-48 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19.....

to.....19.....

and that I last saw h..... alive on.....19.....

Immediate cause of death.....

Pneumonia

DURATION

Due to.....

Anemia

Due to.....

Congenital Syphilis

Other conditions.....

✓

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? .....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) .....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED

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RECEIVED

APR 1 1948 .

BUREAU V. S.